



Your Prescription Benefit



Prepared for

CAREMARK®
It all starts with care®

Dear John Q Sample:

Welcome to your prescription benefit program administered by Caremark Inc. Through dedication and thoughtful attention, you will see the Caremark commitment to your health and well-being. High quality specialty pharmaceutical services are provided to you with pride because at Caremark *it all starts with care®*.

This booklet contains details about your prescription program and the items you will need to begin using your retail and mail service benefits.

There are two components to your prescription benefit program:

1. **Retail** – for short-term medicines
2. **Mail Service** – for long-term medicines

When filling prescriptions for ***short-term medicines***, such as antibiotics, it is important that you use a Caremark participating retail pharmacy. The Caremark Retail Program includes over 57,000 participating pharmacies nationwide, including more than 20,000 independent community pharmacies.

The Caremark Mail Service Program can be used to obtain your ***long-term medicines*** and is cost-effective. To ensure your safety and the accuracy of your prescriptions, Caremark follows stringent safety standards to help protect you from medicine interactions, allergic reactions, as well as incorrect dosages. There are hundreds of manual and automated safety checks in place to help you to receive the best pharmacy care.

Also included in your prescription benefit program is the Caremark Primary Drug List. A primary drug list is a list of preferred prescription medicines that have been chosen because of their clinical effectiveness, cost and safety. Please share the enclosed primary drug list with your doctor.

Be sure to read the following information carefully, and do not hesitate to call Caremark toll-free with any questions you may have at **1-866-240-4926** or visit www.caremark.com. On behalf of Montgomery County and Caremark, we are confident you will be pleased with your prescription benefit program.

Best regards,

Caremark Inc.

This is not a full explanation of your benefits.

Included In This Booklet You Will Find:

- ✓ Prescription Benefit Program Overview
- ✓ How to Use Your Retail Program
- ✓ How to Use Your Mail Service Program
- ✓ Commonly Asked Questions
- ✓ Helpful Hints, Money Saving Tips, About Generics
- ✓ Prescription Drug Claim Form
- ✓ Mail Service Order Form
- ✓ Information About the Drug List
- ✓ The Drug List*
- ✓ Caremark Specialty Pharmacy and Services Information
- ✓ Have More Questions?
- ✓ Your Prescription Benefit ID Cards†

* Keep this booklet as a reference for Drug List medicines when you see a doctor.

† Please note that your ID Cards are attached to the back cover of this booklet.

Note: In this booklet we talk about co-payment. Co-payment or co-pay means the amount a participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

Your privacy is important to us. All our employees are trained regarding the appropriate way to handle your private health information.



Prescription Benefit Program Overview

Welcome to Your Prescription Benefit Program Administered by Caremark.

This program is effective January 1, 2005.

Your prescription benefit program enables you to obtain prescription medicines at a **retail pharmacy** or through a **Caremark Mail Service pharmacy**.



AT-A-GLANCE

	RETAIL PROGRAM	MAIL SERVICE PROGRAM
WHEN TO USE IT	For immediate medicine needs or short-term medicines	For maintenance or long-term medicines
YOU PAY	<ul style="list-style-type: none">• Please refer to the insert in the center of this booklet for specific benefit information.	<ul style="list-style-type: none">• Please refer to the insert in the center of this booklet for specific benefit information.
CAREMARK CUSTOMER CARE	1-866-240-4926 or www.caremark.com	



How To Use Your Retail Program

Using a Caremark Participating Retail Pharmacy

1. Ask your doctor to write a prescription for up to a 34-day supply plus refills, when clinically appropriate.
2. Take your prescription to a Caremark participating retail pharmacy.
3. Present your Caremark ID card. (Please note: You must show your Caremark ID card prior to ordering a refill that was originally filled under your former prescription plan.)
4. Verify that the pharmacist has accurate information about you and your covered dependents, including date of birth, gender, and your nine-digit participant ID number.
5. Pay the appropriate co-payment.

The Caremark Retail Program includes over 57,000 participating pharmacies nationwide, and more than 20,000 independent community pharmacies. For a full listing, visit www.caremark.com.

Using a Non-Participating Retail Pharmacy

In most cases, you will not need to use a pharmacy outside the Caremark network because there are over 57,000 participating pharmacies in the Caremark Retail Program. However, if you choose to go to a non-participating pharmacy, you will pay **100 percent of the prescription price**. You will then need to submit the paper claim form included in this booklet, along with the original prescription receipt(s) to Caremark for reimbursement of covered expenses. In most cases this option will cost you more.

How To Use Your Mail Service Program



The Caremark Mail Service Program provides a convenient and cost-effective way for you to order up to a 102-day supply of maintenance or long-term medicine for direct delivery to your home, office or location of your choice. Follow this easy step-by-step ordering procedure.

1. For new maintenance medicines, ask your doctor to write two prescriptions:
 - one, for up to a 102-day* supply plus refills, to be ordered through the mail service program
 - the other, to be filled immediately at a Caremark participating retail pharmacy for use until you receive your prescription order from the mail service program

** **Please Note:** By law, Caremark must fill your prescription for the exact quantity of medicine prescribed by your doctor, up to the 102-day plan limit. "34 days plus two refills" does not equal one prescription written for "102 days."*

2. Complete a mail service order form and send it to Caremark, along with your original prescription(s) and the appropriate payment for each prescription. Be sure to include your original prescription, not a photocopy.
 - While checks and money orders are accepted, the Caremark preferred method of payment is by credit card. For credit card payments, simply include your Visa®, Discover®, MasterCard®, or American Express® number and expiration date, in the space provided on the mail service order form.
 - You can expect to receive your prescription approximately 14 calendar days after Caremark receives your order.
 - You will receive a new mail service order form and pre-addressed envelope with each shipment.

Mail Service Refills

Once you have processed a prescription through Caremark, you can obtain refills using the Internet, phone, or mail. Order your prescription **two or three weeks** in advance of your current prescription running out. Suggested refill dates will be included on the prescription label you receive from Caremark.

1. Internet



Visit **www.caremark.com** to order prescription refills or inquire about the status of your order. You will need to register on the site and log in.

2. Phone



Call Caremark toll-free at **1-866-240-4926** for the fully automated refill phone service.

When you CALL or LOG IN, be ready to provide:

- Plan participant's ID number provided by your plan
- Plan participant's date of birth
- Your Visa®, Discover®, MasterCard®, or American Express® number with expiration date if your plan requires a co-payment

3. Mail



Attach the refill label provided with your last prescription order to a mail service order form (included in this booklet). Enclose your payment with your order. While checks and money orders are accepted, the preferred method of payment is by credit card. For credit card payments, simply include your Visa®, Discover®, MasterCard®, or American Express® number and expiration date in the space provided on the mail service order form. Mail the order form to Caremark in the pre-addressed envelope included with your previous shipment.



Commonly Asked Questions

Q *How long does it take for my prescription to arrive by mail?*

A You can expect to receive your prescription approximately 14 calendar days after Caremark receives your order.

Q *What if I need to take my maintenance medicine right away?*

A Ask your doctor for two prescriptions, one for a 34-day supply and one for up to a 102-day supply. Have the 34-day supply filled immediately at a Caremark participating retail pharmacy and send the 102-day supply prescription to Caremark.

Q *How do I switch my prescription from a non-participating pharmacy to a Caremark participating retail pharmacy?*

A Contact a Caremark participating retail pharmacy and tell the pharmacist where your prescription is currently on file. The pharmacist will contact the pharmacy and make the transfer for you.

Q *How do I find out what brand name prescriptions are on the primary drug list?*

A You can obtain a primary drug list brochure by either accessing www.caremark.com or by contacting Caremark Customer Care toll-free at 1-866-240-4926.

Q *Can I receive additional ID cards?*

A Additional ID cards can be obtained by calling Caremark Customer Care toll-free at 1-866-240-4926.

Q *Why did I not receive a completely personalized set of ID cards?*

A To protect your security, your Social Security number is not printed on your prescription ID cards. However, your Social Security number will continue to be used as your participant ID. Please note, because the Social Security number is not shown on your ID card, you will need to make sure any pharmacies you use are aware of the nine-digit Social Security number for the primary subscriber (employee) when you or a family member fill a prescription.

Helpful Hints



- Check to see if your doctor can prescribe a generic medicine or a medicine available on the drug list provided in this booklet.
- Check your prescription before leaving your doctor's office to make sure that the:
 - ✓ doctor's name and the plan participant's name are legible
 - ✓ doctor's phone number and address are on the prescription
 - ✓ exact daily dosage and strength are indicated
 - ✓ exact quantity with number of refills is indicated



Money Saving Tips

- \$ Use a Caremark participating retail pharmacy. Remember, if you use a non-participating retail pharmacy, you will pay full price for each prescription. You will then need to submit the paper claim form included in this booklet, along with the original prescription receipt(s) to Caremark for reimbursement of covered expenses.
- \$ Ask for generics. By law, both brand name medicines and generic medicines must meet the same standards for quality, strength, safety, performance and intended use.
- \$ Remind your doctor to write an appropriate day supply, when clinically suitable, for maintenance medicines that are purchased through the Caremark Mail Service Program. By law, Caremark must fill your prescription for the exact quantity of medicine that your doctor prescribes.

About Generics



Generic medicines are always a preferred choice when available. Not only are they more cost effective than brand name medicines, they are approved by the Food and Drug Administration (FDA) which means that generics must have the same quality, strength, purity and performance as their brand name counterparts. In fact, the Caremark Mail Service Program has a program where, when allowed by your doctor and applicable, a generic equivalent medicine is substituted for the brand name medicine, in accordance with your plan design. Your pharmacist knows that today's generic medicines have been thoroughly researched and tested to meet the same high standards set by the FDA for brand name medicines.

CAREMARK® Primary Drug List

It all starts with care®

At Caremark, our goal is to provide high quality pharmaceutical care that is economical for plan sponsors and plan participants. Effective ways to control costs are through the use of generic medicines and the Caremark Primary Drug List. Ask your doctor to authorize generic substitution when medically appropriate. When there is no generic available, there may be more than one brand name medicine to treat your condition. The brand name medicines listed in this brochure are a selected list of preferred medicines that are clinically appropriate and cost-effective to meet individual needs.

Ask your doctor to consider prescribing a brand name medicine on the Caremark Primary Drug List when there is no generic available or more than one brand name medicine available. We recommend bringing the Primary Drug List with you when you or a family member sees a doctor.

Please Note:

- **Your specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document.**
- For specific information regarding your prescription benefit coverage, please refer to your benefit package, contact a Caremark Customer Care representative or register and log in at **www.caremark.com**. **To check coverage and co-payments for a specific medicine, log in to www.caremark.com.**
- Caremark may contact your doctor after receiving your prescription to request consideration of a drug list product or generic equivalent. This may result in your doctor prescribing a different brand name product or generic in place of your original prescription.

Information for Your Doctor:

- Healthcare providers may direct questions about the Caremark Primary Drug List to a Caremark pharmacist on our resource line toll-free at 1-800-282-2229.
- The drug list is not inclusive nor does it guarantee coverage, but represents a summary of prescription coverage.
- Unless specifically indicated, drug list products will include all dosage forms.

Your Caremark Primary Drug List As Of January 2005

ANALGESIC	ANTIRETROVIRALS	§ HERPES AGENTS
§ NSAIDs	FUSION INHIBITOR	FAMVIR
MOBIC	FUZEON	VALTREX
COX-2 INHIBITORS	NON-NUCLEOSIDE	§ INFLUENZA AGENT
BEXTRA	REVERSE-TRANSCRIPTASE	TAMIFLU
CELEBREX	INHIBITORS	
§ NARCOTIC ANALGESIC	RESCRIPTOR	
MAXIDONE	SUSTIVA	
§ NARCOTIC ANALGESICS, CII	VIRAMUNE	
AVINZA	NUCLEOSIDE	
DURAGESIC	REVERSE-TRANSCRIPTASE	
MSIR	INHIBITORS	
OXYCONTIN	EMTRIVA	
OXYFAST	EPIVIR	
OXYIR	HIVID	
	RETROVIR	
	VIDEX	
	VIDEX EC	
	ZERIT	
	ZIAGEN	
	NUCLEOSIDE	
	REVERSE-TRANSCRIPTASE	
	INHIBITOR COMBINATIONS	
ANTIBACTERIALS	COMBIVIR	
§ CEPHALOSPORIN	TRIZIVIR	
OMNICEF	NUCLEOTIDE	
§ ERYTHROMYCINS/MACROLIDES	REVERSE-TRANSCRIPTASE	
BIAXIN	INHIBITOR	
BIAXIN XL	VIREAD	
ZITHROMAX	PROTEASE INHIBITORS	
§ FLUOROQUINOLONES	AGENERASE	
AVELOX	CRIVAN	
CIPRO SUSPENSION	FORTOVASE	
CIPRO XR	INVIRASE	
LEVAQUIN	KALETRA	
§ PENICILLINS	LEXIVA	
AUGMENTIN	NORVIR	
AUGMENTIN ES	REYATAZ	
AUGMENTIN XR	VIRACEPT	
§ TETRACYCLINE		
PERIOSTAT		
§ ANTIFUNGALS	ANTIVIRALS	
LAMISIL TABLET	§ CYTOMEGALOVIRUS	
MYCELEX TROCHE	AGENT	
	VALCYTE	
	§ HEPATITIS AGENTS	
	COPEGUS	
	EPIVIR-HBV	
	HEPSERA	
	REBETOL	
		ANTINEOPLASTIC
		ALKYLATING AGENTS
		ALKERAN
		CEENU
		LEUKERAN
		MYLERAN
		TEMODAR
		ANTIMETABOLITES
		THIOGUANINE
		XELODA
		MISCELLANEOUS AGENTS
		HEXALEN
		LYSODREN
		MATULANE
		TARGRETIN CAP
		VESANOID
		TYROSINE KINASE INHIBITORS
		GLEEVEC
		IRESSA
		HORMONAL ANTINEOPLASTIC AGENTS
		ANTIANDROGEN
		CASODEX
		ANTIESTROGENS
		FARESTON
		FASLODEX
		AROMATASE INHIBITORS
		ARIMIDEX
		AROMASIN
		FEMARA
		LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS
		LUPRON DEPOT
		TRELSTAR
		ZOLADEX

Your Caremark Primary Drug List As Of January 2005

CARDIOVASCULAR	§ CALCIUM CHANNEL BLOCKERS	§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)
§ ACE INHIBITORS	CARDIZEM LA	LEXAPRO
ACCUPRIL	NORVASC	PAXIL CR
ALTACE	VERELAN PM	ZOLOFT
ACE INHIBITOR/ CALCIUM CHANNEL BLOCKERS	§ DIGITALIS GLYCOSIDE	SELECTIVE SEROTONIN/ NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)**
LOTREL	LANOXIN PED ELIXIR	EFFEXOR
TARKA	ENDOTHELIN RECEPTOR ANTAGONIST	EFFEXOR XR
§ ADRENOLYTIC, CENTRAL	TRACLEER	
CATAPRES-TTS	NITRATES	§ ANTIPARKINSONIAN
ANGIOTENSIN II RECEPTOR ANTAGONISTS	SUBLINGUAL	COMTAN
AVAPRO	NITROLINGUAL	MIRAPEX
COZAAR	§ TRANSDERMAL	REQUIP
	NITRO-DUR	STALEVO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	CENTRAL NERVOUS SYSTEM	ANTIPSYCHOTICS
AVALIDE	§ ANTICONSULSANTS	ABILIFY
HYZAAR	CARBATROL	RISPERDAL
ANTIARRHYTHMIC	DEPAKOTE	SEROQUEL
TIKOSYN	DEPAKOTE ER	ZYPREXA
ANTILIPEMICS	DILANTIN	§ ATTENTION DEFICIT HYPERACTIVITY DISORDER/NARCOLEPSY
§ BILE ACID RESIN	GABITRIL	ADDERALL XR
WELCHOL	KEPPRA	CONCERTA
CHOLESTEROL ABSORPTION INHIBITOR	LAMICTAL	METADATE CD
ZETIA	NEURONTIN	PROVIGIL
§ FIBRATE	TEGRETOL XR	RITALIN LA
TRICOR	TOPAMAX	STRATTERA
§ HMG-CoA REDUCTASE INHIBITORS	TRILEPTAL	
CRESTOR	ZONEGRAN	HYPNOTIC, NON-BENZODIAZEPINE
LIPITOR	ANTIDEMENTIA	AMBIEN
PRAVACHOL	ARICEPT	MIGRAINE
NIACIN	EXELON	SELECTIVE SEROTONIN AGONISTS
NIASPAN	NAMENDA	IMITREX
§ BETA-BLOCKERS	REMINYL	RELPAK
COREG	ANTIDEPRESSANTS	ZOMIG
TOPROL-XL	§ MISCELLANEOUS AGENT	
	WELLBUTRIN XL	
	MONOAMINE OXIDASE INHIBITORS (MAOIs)	
	NARDIL	
	PARNATE	

** Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

§ Generics are available in this class and should be considered as the first line of prescribing.

Log in to www.caremark.com to view the current drug list.

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Your Caremark Primary Drug List As Of January 2005

MULTIPLE SCLEROSIS AGENTS COPAXONE REBIF	CONTRACEPTIVES § MONOPHASIC LEVLEN LEVLITE MODICON ORTHO-CEPT ORTHO-CYCLEN ORTHO-NOVUM 1/35, 1/50 YASMIN § BIPHASIC MIRCETTE ORTHO-NOVUM 10/11 § TRIPHASIC CYCLESSA ESTROSTEP FE ORTHO-NOVUM 7/7/7 ORTHO TRI-CYCLEN ORTHO TRI-CYCLEN LO TRI-LEVEN EXTENDED CYCLE SEASONALE § PROGESTIN ONLY ORTHO MICRONOR TRANSDERMAL ORTHO EVRA VAGINAL NUVARING	§ GLUCOCORTICOID ORAPRED
§ MUSCULOSKELETAL THERAPY AGENT SKELAXIN		HUMAN GROWTH HORMONES GENOTROPIN HUMATROPE NORDITROPIN NUTROPIN NUTROPIN AQ PROTROPIN SAIZEN
ENDOCRINE AND METABOLIC		§ PROGESTIN PROMETRIUM
ANDROGENS ANDRODERM ANDROGEL		SELECTIVE ESTROGEN RECEPTOR MODULATOR EVISTA
ANTI-DIABETICS ALPHA-GLUCOSIDASE INHIBITOR PRECOSE § BIGUANIDE GLUCOPHAGE XR INSULINS HUMALOG HUMULIN LANTUS NOVOLIN NOVOLOG INSULIN SENSITIZERS ACTOS AVANDIA INSULIN SENSITIZER/BIGUANIDE COMBINATION AVANDAMET MEGLITINIDE PRANDIN § SULFONYLUREA AMARYL SUPPLIES ACCU-CHEK STRIPS & KITST BD INSULIN SYRINGES ONETOUCH STRIPS & KITS	ESTROGENS § ORAL CENESTIN PREMARIN TRANSDERMAL, ESTROGEN CLIMARA ORAL ESTROGEN/PROGESTIN FEMHRT PREFEST PREMPHASE PREMPRO VAGINAL ESTRACE VAGINAL CREAM	§ THYROID SUPPLEMENT SYNTHROID
BISPHOSPHONATES ACTIONEL FOSAMAX	FERTILITY REGULATORS ANTAGON CETROTIDE FOLLISTIM AQ GONAL-F OVIDREL PERGONAL	GASTROINTESTINAL
		§ ANTIEMETIC KYTRIL ORAL MARINOL TRANSDERM SCOP
		ANTI-OBESITY – FAT ABSORPTION DECREASING AGENT XENICAL
		§ ANTISPASMODIC NULEV
		§ CHOLELITHOLYTIC URSO
		INFLAMMATORY BOWEL DISEASE § ORAL AGENTS ASACOL PENTASA § RECTAL AGENTS CANASA CORTIFOAM ROWASA

† An Accu-Chek blood glucose meter will be provided at no charge by the manufacturer to those individuals currently using a meter other than Accu-Chek. For information on how to obtain a blood glucose meter, call toll-free 1-800-588-4456.

§ Generics are available in this class and should be considered as the first line of prescribing.

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Your Caremark Primary Drug List As Of January 2005

§ LAXATIVES KRISTALOSE MIRALAX	HEMATOLOGIC	RESPIRATORY
PANCREATIC ENZYMES CREON ULTRASE ULTRASE MT VIOKASE	§ ANTICOAGULANT COUMADIN	ANAPHYLAXIS TREATMENT AGENTS EPIPEN EPIPEN JR
§ PROTON PUMP INHIBITORS NEXIUM PREVACID	PLATELET AGGREGATION INHIBITORS AGGRENOX PLAVIX	§ ANTICHOLINERGICS ATROVENT ORAL INHALER SPIRIVA
PROTON PUMP INHIBITOR WITH ANTI-INFECTIVE PREVPAC	PLATELET SYNTHESIS INHIBITOR AGRYLIN	ANTICHOLINERGIC/ BETA AGONIST COMBIVENT DUONEB
§ RECTAL STEROID PROCTOFOAM-HC	IMMUNOLOGIC	ANTI-HISTAMINE, LOW SEDATING ZYRTEC*
SALIVA STIMULANT EVOXAC	IMMUNOMODULATORS INTERFERONS INTRON A PEG-INTRON PEGASYS INTERFERON/ANTIVIRAL COMBINATION REBETRON	ANTI-HISTAMINE, NONSEDATING ALLEGRA*
GENITOURINARY	IMMUNOSUPPRESSANTS ANTIMETABOLITES AZASAN CELLCEPT CALCINEURIN INHIBITORS NEORAL PROGRAF SANDIMMUNE RAPAMYCIN DERIVATIVE RAPAMUNE	ANTI-HISTAMINE/ DECONGESTANTS ALLEGRA-D* ZYRTEC-D 12 HOUR*
BENIGN PROSTATIC HYPERPLASIA FLOMAX PROSCAR		§ BETA AGONISTS ACCUNEUB FORADIL PROVENTIL HFA SEREVENT XOPENEX
ERECTILE DYSFUNCTION PHOSPHODIESTERASE INHIBITORS CIALIS LEVITRA VIAGRA ALPROSTADIL AGENT MUSE	NUTRITIONAL	§ DECONGESTANT/ EXPECTORANT ENTEX PSE
§ URINARY ANTISPASMODICS DETROL DETROL LA DITROPAN XL OXYTROL	FOLIC ACID COMBINATION FOLTX	LEUKOTRIENE RECEPTOR ANTAGONIST SINGULAIR
	§ PRENATAL VITAMIN PRENATE ELITE	§ NARCOTIC ANTI-NUSSIVE/ ANTI-HISTAMINE TUSSIONEX

* Higher co-payments may apply depending on the plan participant's specific prescription benefit plan. To find the co-payment under a specific plan, log in to www.caremark.com.

§ Generics are available in this class and should be considered as the first line of prescribing.

Your doctor's questions about this drug list may be answered by a Caremark pharmacist on our resource line toll-free at 1-800-282-2229.

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Your Caremark Primary Drug List As Of January 2005

NASAL ANTIHISTAMINE

ASTELIN

§ NASAL STEROIDS

FLONASE
NASACORT AQ
NASONEX
RHINOCORT AQUA

STEROID/BETA AGONIST COMBINATION

ADVAIR

STEROID INHALANTS

FLOVENT
PULMICORT

§ XANTHINE

THEO-24

TOPICAL

DERMATOLOGY

§ ACNE
BENZACLIN
DIFFERIN
DUAC
RETIN-A MICRO
§ ACTINIC KERATOSIS
CARAC
§ ANTIBIOTICS
BACTROBAN
BACTROBAN NASAL
§ ANTIFUNGALS
LOPROX
MENTAX
ANTIPSORIATIC
DOVONEX
TAZORAC
IMMUNOMODULATORS
ELIDEL
PROTOPIC
§ LOCAL ANALGESIC
LIDODERM

§ ROSACEA

METROGEL
METROLOTION

§ STEROIDS

CORDRAN
DESOWEN OINTMENT
LUXIQ
OLUX

ULTRAVATE

MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

ALDARA
CONDYLOX

OPHTHALMIC

§ ANTIALLERGICS

ALREX

LIVOSTIN

PATANOL

ZADITOR

§ ANTI-INFECTIVE/ ANTI-INFLAMMATORY

TOBRADEX

§ ANTI-INFLAMMATORY, STEROIDAL

LOTEMAX

§ ANTI-INFLAMMATORY, NONSTEROIDAL

ACULAR

VOLTAREN

§ BETA-BLOCKER, NONSELECTIVE

BETIMOL

BETA-BLOCKER, SELECTIVE

BETOPTIC S

CARBONIC ANHYDRASE INHIBITORS

AZOPT

TRUSOPT

CARBONIC ANHYDRASE

INHIBITOR/BETA-BLOCKER

COSOPT

IMMUNOMODULATOR

RESTASIS

PROSTAGLANDINS

LUMIGAN

TRAVATAN

SYMPATHOMIMETIC

ALPHAGAN P

OTIC

ANTI-INFECTIVE

FLOXIN OTIC

§ ANTI-INFECTIVE/ ANTI-INFLAMMATORY

CIPRO HC

CIPRODEX

Your doctor's questions about this drug list may be answered by a Caremark pharmacist on our resource line toll-free at 1-800-282-2229.

For the most up-to-date Primary Drug List visit www.caremark.com and log in.

Quick Reference Brand Drug List

The following is a list of brand name medications, however, generics should be considered the first line of prescribing.

A

ABILIFY
ACCU-CHEK STRIPS & KITS
ACCUNET
ACCUPRIL
ACTONEL
ACTOS
ACULAR
ADDERALL XR
ADVAIR
AGENERASE
AGGRENOL
AGRYLIN
ALDARA
ALKERAN
ALLEGRA *
ALLEGRA-D *
ALPHAGAN P
ALREX
ALTACE
AMARYL
AMBIEN
ANDRODERM
ANDROGEL
ANTAGON
ARICEPT
ARIMIDEX
AROMASIN
ASACOL
ASTELIN
ATROVENT ORAL INHALER
AUGMENTIN
AUGMENTIN ES
AUGMENTIN XR
AVALIDE
AVANDAMET
AVANDIA

AVAPRO
AVELOX
AVINZA
AZASAN
AZOPT

B

BACTROBAN
BACTROBAN NASAL
BD INSULIN SYRINGES
BENZACLIN
BETIMOL
BETOPTIC S
BEXTRA
BIAXIN
BIAXIN XL

C

CANASA
CARAC
CARBATROL
CARDIZEM LA
CASODEX
CATAPRES-TTS
CEENU
CELEBREX
CELLCEPT
CENESTIN
CETROTIDE
CIALIS
CIPRO HC
CIPRO SUSPENSION
CIPRO XR
CIPRODEX
CLIMARA
COMBIVENT

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Quick Reference Brand Drug List

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COMBIVIR
COMTAN
CONCERTA
CONDYLOX
COPAXONE
COPEGUS
CORDRAN
COREG
CORTIFOAM
COSOPT
COUMADIN
COZAAR
CREON
CRESTOR
CRIXIVAN
CYCLESSA

D

DEPAKOTE
DEPAKOTE ER
DESOWEN OINTMENT
DETROL
DETROL LA
DIFFERIN
DILANTIN
DITROPAN XL
DOVONEX
DUAC
DUONEB
DURAGESIC

E

EFFEXOR
EFFEXOR XR
ELIDEL
EMTRIVA
ENTEX PSE
EPIPEN
EPIPEN JR
EPIVIR

EPIVIR-HBV
ESTRACE VAGINAL CREAM
ESTROSTEP FE
EVISTA
EVOXAC
EXELON

F

FAMVIR
FARESTON
FASLODEX
FEMARA
FEMHRT
FLOMAX
FLONASE
FLOVENT
FLOXIN OTIC
FOLLISTIM AQ
FOLTX
FORADIL
FORTOVASE
FOSAMAX
FUZEON

G

GABITRIL
GENOTROPIN
GLEEVEC
GLUCOPHAGE XR
GONAL-F

H

HEPSERA
HEXALEN
HIVID
HUMALOG
HUMATROPE
HUMULIN
HYZAAR

Quick Reference Brand Drug List

The following is a list of brand name medications, however, generics should be considered the first line of prescribing.

I

IMITREX
INTRON A
INVIRASE
IRESSA

K

KALETRA
KEPPRA
KRISTALOSE
KYTRIL ORAL

L

LAMICTAL
LAMISIL TABLET
LANOXIN PED ELIXIR
LANTUS
LEUKERAN
LEVAQUIN
LEVITRA
LEVLIN
LEVITE
LEXAPRO
LEXIVA
LIDODERM
LIPITOR
LIVOSTIN
LOPROX
LOTEMAX
LOTREL
LUMIGAN
LUPRON DEPOT
LUXIQ
LYSODREN

M

MARINOL
MATULANE
MAXIDONE
MENTAX
METADATE CD
METROGEL

METROLOTON
MIRALAX
MIRAPEX
MIRCETTE
MOBIC
MODICON
MSIR
MUSE
MYCELEX TROCHE
MYLERAN

N

NAMENDA
NARDIL
NASACORT AQ
NASONEX
NEORAL
NEURONTIN
NEXIUM
NIASPAN
NITRO-DUR
NITROLINGUAL
NORDITROPIN
NORVASC
NORVIR
NOVOLIN
NOVOLOG
NULEV
NUTROPIN
NUTROPIN AQ
NUVARING

O

OLUX
OMNICEF
ONETOUCH STRIPS & KITS
ORAPRED
ORTHO EVRA
ORTHO MICRONOR
ORTHO TRI-CYCLEN
ORTHO TRI-CYCLEN LO
ORTHO-CEPT

Quick Reference Brand Drug List

The following is a list of brand name medications, however, generics should be considered the first line of prescribing.

ORTHO-CYCLEN

ORTHO-NOVUM 1/35, 1/50

ORTHO-NOVUM 10/11

ORTHO-NOVUM 7/7/7

OVIDREL

OXYCONTIN

OXYFAST

OXYIR

OXYTROL

P

PARNATE

PATANOL

PAXIL CR

PEG-INTRON

PEGASYS

PENTASA

PERGONAL

PERIOSTAT

PLAVIX

PRANDIN

PRAVACHOL

PRECOSE

PREFEST

PREMARIN ORAL

PREMPHASE

PREMPRO

PRENATE ELITE

PREVACID

PREVPAC

PROCTOFOAM-HC

PROGRAF

PROMETRIUM

PROSCAR

PROTOPIC

PROTROPIN

PROVENTIL HFA

PROVIGIL

PULMICORT

R

RAPAMUNE

REBETOL

REBETRON

REBIF

RELPAX

REMINYL

REQUIP

RESCRIPTOR

RESTASIS

RETIN-A MICRO

RETROVIR

REYATAZ

RHINOCORT AQUA

RISPERDAL

RITALIN LA

ROWASA

S

SAIZEN

SANDIMMUNE

SEASONALE

SEREVENT

SEROQUEL

SINGULAIR

SKELAXIN

SPIRIVA

STALEVO

STRATTERA

SUSTIVA

SYNTHROID

T

TAMIFLU

TARGRETIN CAP

TARKA

TAZORAC

TEGRETOL XR

TEMODAR

Quick Reference Brand Drug List

The following is a list of brand name medications, however, generics should be considered the first line of prescribing.

THEO-24

THIOGUANINE

TIKOSYN

TOBRADEX

TOPAMAX

TOPROL-XL

TRACLEER

TRANSDERM SCOP

TRAVATAN

TRELSTAR

TRICOR

TRI-LEVLEN

TRILEPTAL

TRIZIVIR

TRUSOPT

TUSSIONEX

U

ULTRASE

ULTRASE MT

ULTRAVATE

URSO

V

VALCYTE

VALTREX

VERELAN PM

VESANOID

VIAGRA

VIDEX

VIDEX EC

VIOKASE

VIRACEPT

VIRAMUNE

VIREAD

VOLTAREN OPTH

W

WELCHOL

WELLBUTRIN XL

X

XELODA

XENICAL

XOPENEX

Y

YASMIN

Z

ZADITOR

ZERIT

ZETIA

ZIAGEN

ZITHROMAX

ZOLADEX

ZOLOFT

ZOMIG

ZONEGRAN

ZYPREXA

ZYRTEC*

ZYRTEC-D 12 HOUR*

* Higher co-payments may apply depending on the plan participant's specific prescription benefit plan. To find the co-payment under a specific plan, log in to www.caremark.com.

The Caremark Primary Drug List contains prescription brand name medicines that are registered or trademarks of pharmaceutical manufacturers that are not affiliated with Caremark Inc. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

CAREMARK®
It all starts with care®

- Participant Name
- Prescription Number
- Pharmacy Name and Address or NABP Number
- Drug Name/Strength or NDC Number
- Metric Quantity/Days Supply
- Dispense as written (DAW), if applicable
- Doctor's Name or DEA Number
- Purchase Date
- Total Charge

CARD HOLDER INFORMATION

[illegible][illegible]

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	30%
65-74	35%
75-84	40%
85+	45%

1

Middle Initial

A horizontal number line with 15 tick marks, labeled from 0 to 14. The line is used for plotting the data from the frequency table.

1

Month Day Year

Number of Receipts submitted:

☐ Self☐ Spouse☐ Daughter☐ Son☐ Widowed☐ Full-time Student☐ Sponsored Dependent/Other

Was this prescription obtained while traveling/residing outside the United States? Check one: ☐ Yes ☐ No

Please do not use this form for Mail Service Prescriptions

I certify that the information on this claim form is correct. I also certify that the participant for whom this claim is made is eligible for benefits. I understand that the drugs listed are not for treatment of an occupational injury or disease for which the Employer has accepted liability.

Signature _____ Date _____

CAREMARK INC.
ATTN: CLAIMS DEPARTMENT
P.O. BOX 686005
SAN ANTONIO, TX 78268-6005

MAIL SERVICE ORDER FORM

Please print in **BLUE** or **BLACK INK** numbers and letters as shown in the example to the right: **1 2 3 4 A B C D**

Order refills and verify benefit information at **www.caremark.com** or call Caremark at:

1-866-240-4926

STEP 1 – ORDER SUMMARY

New Refill Total

How many prescriptions? + =

Primary Participant Information

MAIL THIS FORM TO:

CAREMARK
PO BOX 659529
SAN ANTONIO, TX 78265-9529

Please fold form here to ensure Caremark address shows through

Complete below if the information to the left is incorrect or incomplete

Primary Participant ID Number:

Primary Participant ID (required if not shown to the left)

Plan Sponsor:

Plan Sponsor or company name

STEP 2 – ADDRESS (Complete **ONLY IF DIFFERENT** than the information above)

Last Name First Name MI Suffix (Sr, Jr)

Street Address Number

City State Zip Code

This is a ☐ one time address or ☐ permanent address Daytime phone #: - -

Email address: Evening phone #: - -

STEP 3 – METHOD OF PAYMENT (Complete if applicable)

Please make check or money order payable to Caremark Inc. (Include ID# on all checks and money orders)

☐ Check ☐ Money Order or Cashier's Check ☐ Voucher/Coupon **Total payment enclosed:** \$ (excluding credit card payments)

☐ VISA ☐ Discover ☐ MasterCard ☐ American Express

Credit/Debit Card Number Expiration Date

Credit Card Holder Signature: Date:

By checking the box below you are designating the last card # previously provided to be used on this current order. For future orders, this box must be checked each time you submit an order that you want to be charged **Credit Card on File** ☐ to your Credit Card on File. If your Credit Card on File has expired then the card # and new expiration date must be shown on this form. If you use a credit/debit card, the charge to the card will reflect the payment designated by your plan.



Important Information: Unless otherwise directed, all prescriptions received on a single order or in a single envelope will be shipped together in one package.

Please turn over to provide your prescription information.

STEP 4 – PRESCRIPTION INFORMATION**Participant 1 Information:**Gender: ☐ M ☐ FDate of Birth: - -

Last Name

First Name

MI Suffix (Sr, Jr)

Alternate Name (Nickname)

Participant is enrolled, process eligible Rx's through Medicare ☐ (check here)**Check boxes below ONLY if not previously reported.****Relationship to participant:**

- ☐ Self ☐ Spouse
☐ Daughter ☐ Son
☐ Sponsored ☐ Widowed
Dependent
☐ Full Time ☐ Other
Student

Drug Allergies:

- ☐ Cephalosporin [8]
☐ None [10] ☐ Erythromycin [72]
☐ Aspirin [4] ☐ Penicillin [31]
☐ Codeine [97] ☐ Sulfonamides/Sulfa [40]
☐ Other _____

Health Conditions:

- ☐ Heart Condition [429]
☐ Arthritis [716.9] ☐ High Blood Pressure [401]
☐ Asthma [493] ☐ High Cholesterol [272.4]
☐ Diabetes [250] ☐ Migraine [346.9]
☐ GERD [530.11] ☐ Osteoporosis [733]
☐ Glaucoma [365] ☐ Prostate Disorders [601]
☐ Thyroid [246]
☐ Other _____

☐ **PLEASE INCLUDE EASY-OPEN CAPS** (All orders are shipped with safety caps)

Doctor / Prescriber's Last Name

Doctor / Prescriber's First Name

Doctor / Prescriber's Telephone #

Participant 2 Information:Gender: ☐ M ☐ FDate of Birth: - -

Last Name

First Name

MI Suffix (Sr, Jr)

Alternate Name (Nickname)

Participant is enrolled, process eligible Rx's through Medicare ☐ (check here)**Check boxes below ONLY if not previously reported.****Relationship to participant:**

- ☐ Self ☐ Spouse
☐ Daughter ☐ Son
☐ Sponsored ☐ Widowed
Dependent
☐ Full Time ☐ Other
Student

Drug Allergies:

- ☐ Cephalosporin [8]
☐ None [10] ☐ Erythromycin [72]
☐ Aspirin [4] ☐ Penicillin [31]
☐ Codeine [97] ☐ Sulfonamides/Sulfa [40]
☐ Other _____

Health Conditions:

- ☐ Heart Condition [429]
☐ Arthritis [716.9] ☐ High Blood Pressure [401]
☐ Asthma [493] ☐ High Cholesterol [272.4]
☐ Diabetes [250] ☐ Migraine [346.9]
☐ GERD [530.11] ☐ Osteoporosis [733]
☐ Glaucoma [365] ☐ Prostate Disorders [601]
☐ Thyroid [246]
☐ Other _____

☐ **PLEASE INCLUDE EASY-OPEN CAPS** (All orders are shipped with safety caps)

Doctor / Prescriber's Last Name

Doctor / Prescriber's First Name

Doctor / Prescriber's Telephone #

STEP 5 – REFILL INFORMATION

If space is needed for additional refill labels, apply to a Refill Order Continuation Form and enclose it with this order

Apply Caremark Refill Label here

or

write prescription number above

Apply Caremark Refill Label here

or

write prescription number above

Apply Caremark Refill Label here

or

write prescription number above

Apply Caremark Refill Label here

or

write prescription number above



By submitting this completed form to Caremark, you acknowledge that your and/or your dependents' eligibility to participate under the prescription benefit administered by Caremark is subject to verification by the Plan and that you and/or your dependents do not have primary prescription coverage under any other group Plan.

Prescription Benefits At-A-Glance

Your prescription benefit will be administered by Caremark Inc.

The information below is a brief synopsis of your prescription benefits as well as some frequently asked questions about the Caremark prescription benefit program. The program is easy to use and will save you money. On behalf of Caremark and **Montgomery County**, we feel confident you will find value in your prescription benefit program.

	RETAIL	MAIL SERVICE
WHEN:	For immediate medicine needs or short-term medicines	For maintenance or long-term medicines
WHERE:	At over 57,000 Caremark participating retail pharmacies nationwide, including 20,000 independent community pharmacies. To locate a Caremark participating retail pharmacy in your area, simply access the Pharmacy Locator at www.caremark.com or call Caremark Customer Care toll-free at 1-866-240-4926 .	Simply mail your original prescription along with the mail service order form to Caremark and your medicines will be sent directly to your home.
HIGH OPTION YOU PAY:	<ul style="list-style-type: none"> • \$4 for each generic prescription • \$8 for each brand name prescription • \$4 for each brand name prescription with no generic available 	<ul style="list-style-type: none"> • \$4 for each generic prescription • \$8 for each brand name prescription • \$4 for each brand name prescription with no generic available
STANDARD OPTION YOU PAY: STANDARD OPTION ANNUAL DEDUCTIBLE:	<ul style="list-style-type: none"> • \$10 for each generic prescription • \$20 for each brand name prescription on the primary drug list • \$35 for each brand name prescription not on the primary drug list <p style="text-align: center;">\$50 per individual \$50 maximum per family</p>	<ul style="list-style-type: none"> • \$10 for each generic prescription • \$20 for each brand name prescription on the primary drug list • \$35 for each brand name prescription not on the primary drug list
DAY SUPPLY LIMIT:	34-day supply	102-day supply
CAREMARK CUSTOMER CARE:	1-866-240-4926 or www.caremark.com	

Caremark Specialty Pharmacy Services

Let Caremark help you manage your treatment

Caremark has been a biotech pharmacy leader for over 24 years. Caremark provides 24-hour access to specialty pharmacy services at no additional cost to you, and will coordinate the delivery of specialty medicines directly to your home.

Call toll-free at 1-800-237-2767 or visit www.caremark.com to verify your coverage of medicines for:

- Asthma
- Crohn's Disease
- Enzyme Replacement
- Gaucher's Disease
- Growth Hormone Disorders
- Hematopoietics
- Hemophilia, von Willebrand Disease & related bleeding disorders
- Hepatitis C
- Immune Deficiencies
- Multiple Sclerosis
- Oncology
- Pulmonary Arterial Hypertension
- Pulmonary Disease
- Respiratory Syncytial Virus (RSV)
- Rheumatoid and Osteoarthritis Hormonal Therapy

Caremark provides comprehensive services for your specialty pharmacy needs:

- Delivery of time-sensitive, temperature-controlled pharmaceuticals to your home
- Nationwide network of 23 specialty pharmacies 18 of which are accredited by the Joint Commission on Accreditation of Healthcare Organization (JCAHO) and the rest pursuing accreditation
- Pharmacist-led clinical services including education and calls to offer counseling
- Assistance in coordinating injection training
- Access to emergency pharmacist consultation 24-hours a day, 365 days a year
- Refill order convenience 24-hours a day, 365 days a year



Have More Questions?

Three easy ways to contact Caremark:

1. INTERNET www.caremark.com



Caremark.com is a hassle free, round-the-clock way to order refill prescriptions, check order status and get important medicine information. Visit **www.caremark.com** for the following:

- Prescription Refills
- Order Status
- Pharmacy Locations
- Benefit Coverage
- Request Forms
- Frequently Asked Questions
- 13-Month Medicine History
- Additional Health Information

To enter the site you will be required to register and log in.

2. AUTOMATED PHONE SYSTEM



Call Caremark toll-free at 1-866-240-4926 for the fully automated refill phone service.

When you CALL or LOG IN, be ready to provide:

- Plan participant's ID number provided by your plan
- Plan participant's date of birth
- Your Visa®, Discover®, MasterCard®, or American Express® number with expiration date, if your plan requires a co-payment

3. CUSTOMER CONTACT SERVICES



Call toll-free at 1-866-240-4926 to speak to a Caremark Customer Care Representative, 24 hours a day, 7 days a week. You may also e-mail Customer Care 24 hours a day, 7 days a week at **customerservice@caremark.com**.



Montgomery County Government
Executive Office Building
101 Monroe Street
Rockville, MD 20850-2540

Important Prescription Benefit Information Enclosed

Participant's Address
Gets Printed Here



BIN #	610029
Plan Code	CRK
Group Code	MCGRX
Issuer	(80840)

ID _____

Name John Q. Sample

Present this card to any participating retail pharmacy to obtain your short-term supply of medicine. When you ask for a generic medicine, you get the equivalent to the brand name FDA-approved medicine and could save money. Count on GenericsSM and save! For additional pharmacies go to www.caremark.com or contact a Caremark Customer Care representative.

Customer Care: 1-866-240-4926

Submit Claims to:

Caremark Claims Department
P.O. Box 686005
San Antonio, TX 78268-6005